



## **DURABLE MEDICAL EQUIPMENT**

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### **WHEELCHAIRS FOR NURSING HOME PARTICIPANTS**

MO HealthNet Division (MHD) will reimburse for medically necessary custom wheelchairs for participants residing in a nursing facility. A custom wheelchair is defined as follows:

A. Any wheelchair with a custom seating system. A custom seating system is a wheelchair seating system which is individually made for a patient using a plaster model of a patient, a computer generated model of the patient (i.e. CAD-CAM technology), or the detailed measurements of the patient to create either: (a) a molded, contoured, or carved (foam or other suitable material) custom-fabricated seating system that is incorporated into the wheelchair base; or (b) a custom seating system made from multiple pre-fabricated components or a combination of custom fabricated materials and pre-fabricated components which have been configured and attached to the wheelchair base or incorporated into a wheelchair seat and/or back in a manner that the wheelchair could not be easily re-adapted for use by another individual.

To qualify for a custom seating system, an individual must meet all the requirements of a custom fabricated seat cushion or a custom fabricated back cushion as described in Section 13.29.G of the Durable Medical Equipment Provider Manual. The prior authorization request must document the following:

1. Why a prefabricated system is not sufficient to meet the participant's seating and positioning needs.
2. What orthopedic deformity is present and it's fixed or flexible presentation.
3. What altered muscle tone is present and its increased or decreased presentation that affects seating and positioning.
4. Why any existing system is not meeting the participant's seating and positioning needs.

B. A specially sized or constructed wheelchair that is provided to a participant whose anatomical measurements require the following:

1. A wheelchair seat width of 25 inches or more; or
2. A wheelchair with a weight capacity for 400 or more pounds; or
3. A wheelchair with a seat to floor height of less than 15 ½ inches

C. A wheelchair with a manual tilt feature for a participant who has absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses:

1. spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1)
2. other spinal cord diseases (336.0-336.3)
3. multiple sclerosis (340)
4. other demyelinating disease (341.0-341.9);
5. cerebral palsy (343.0-343.9);
6. anterior horn cell diseases including amyotrophic lateral sclerosis (335.0-335.21, 335.23-335.9)
7. post polio paralysis (138)
8. traumatic brain injury resulting in quadriplegia (344.09);
9. spina bifida (741.00-741.93)
10. childhood cerebral degeneration (330.0-330.9)
11. Alzheimer's disease (331.0)
12. Parkinson's disease (332.0)
13. current stage II or greater pressure ulcer (707.03, 707.04, 707.05) or past history of a stage II or greater pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface (trunk, spine or pelvis)

## **PRIOR AUTHORIZATION REQUESTS FOR WHEELCHAIRS**

When submitting a prior authorization request for a custom wheelchair or power mobility device, there must be comprehensive written documentation submitted with the prior authorization request that clearly and specifically explains all the following:

- The diagnosis/comorbidities and conditions relating to the need for a custom or power wheelchair
- Description and history of limitations/functional deficits
- Description of physical and cognitive abilities to utilize equipment
- History of previous interventions/past use of mobility devices
- Description of existing equipment, age and specifically why it is not meeting the participants needs
- Why a less costly mobility device is unable to meet the participants needs (i.e., cane, walker, standard wheelchair)
- Documentation and justification of medical necessity of recommended mobility device, accessories and positioning components
- Documentation/explanation of participant's ability to safely tolerate/utilize the recommended equipment

**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Website at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via e-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

**Provider Communications Hotline**  
**573-751-2896**